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23373 7590 06/27/2006

SUCJHRUE MION, PLLC
 2100 PENNSYLVANIA AVENUE, N.W.
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 WASHINGTON, DC 20037

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_____ (Name)
_____ (Signature)
_____ (Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCK #/T NO.	(/CONFIRMATE) N NO.
10/647.115	W25'2003	Fujio Akahane	Q77135	0845

Tftt I' 01' INVENTION: FORGINT I WORK METHOD, AND METHOD OF MANUFACTURING LIQUID EJECTION HEAD USING THE SAME.

APPLI_N TY PL	SMALL ENTITY	ISSUE, FEE	PUBLICATION FEE	TOTAL FEE(S) DIII	DATE, DIT.
nonprovisional	NC)	\$1400	\$300	\$1 TO))	09,27:2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CRANE, DANIEL (3725	072-334000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 4363).
☐ Change of correspondence address (or Change of Correspondence Address form P'taiSB1122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 St !GI I RI J E MION, PLL,C
) _ _ _ _
 , _ _ _ _

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SEIKO EPSON CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - of Copies

4b. Pa'

- ☐ The statutory fee is being charged to Deposit Account No. 19-4880 via EFS Payment Screen. Please charge any payment deficiency and credit overpayment to PODA/9-4880.

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5. Change in Entity Status (front status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name


 Grant K. Rowan

Date

Registration No.

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